

FILED

OCT 10 2023

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
SOUTHERN DIVISION

PETER A. MOORE, JR., CLERK
US DISTRICT COURT, EDNC
BY MLB DEP CLK

No. 7:23-cv-897

IN RE: CAMP LEJEUNE
WATER LITIGATION

THIS DOCUMENT RELATES TO:

JURY TRIAL DEMANDED

Carlos Algernon Alford
Plaintiff First Middle Last Suffix

SHORT-FORM COMPLAINT

The Plaintiff named below, or Plaintiff's representative, files this Short Form Complaint against Defendant United States of America under the Camp Lejeune Justice Act of 2022 ("CLJA"). Pub. L. No. 117-168, § 804, 136 Stat. 1802, 1802-04 (2022). Plaintiff or Plaintiff's representative incorporates by reference the allegations contained in the Master Complaint (DE) on file in the case styled *In Re: Camp Lejeune Water Litigation*, Case No. 7:23-cv-897, in the United States District Court for the Eastern District of North Carolina. Plaintiff or Plaintiff's representative files this Short-Form Complaint as permitted by Pretrial Order No. 1.

Plaintiff or Plaintiff's representative alleges as follows:

I. INSTRUCTIONS

1. On **THIS FORM**, are you asserting a claim for injuries to **YOU** or to **SOMEONE ELSE** you legally represent?

- ☒ To me
☐ Someone else

This form may only be used to file a complaint for **ONE PERSON'S** injuries. If you intend to bring claims for multiple individuals' injuries—for example, a claim for yourself and one for a deceased spouse—you must file **ONE FORM FOR EACH INJURED PERSON**.

II. PLAINTIFF INFORMATION

If you checked "To me" in Box 1, YOU are the Plaintiff. Complete this section with information about YOU.

If you checked "Someone else" in Box 1, THAT PERSON is the Plaintiff. Complete this section with information about THAT PERSON.

2. First name: <i>Carlos</i>	3. Middle name: <i>Algernon</i>	4. Last name: <i>Alford</i>	5. Suffix:
6. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		7. Is the Plaintiff deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If you checked "To me" in Box 1, check "No" here.</i>	
Skip (8), and (9) if you checked "Yes" in Box 7.			
8. Residence city: <i>Wilmington</i>		9. Residence state: <i>North Carolina</i>	
Skip (10), (11), and (12) if you checked "No" in Box 7.			
10. Date of Plaintiff's death: <i>NONE</i>	11. Plaintiff's residence state at the time of their death: <i>NONE</i>	12. Was the Plaintiff's death caused by an injury that resulted from their exposure to contaminated water at Camp Lejeune? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

III. EXPOSURE INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

13. Plaintiff's first month of exposure to the water at Camp Lejeune: <i>June 20, 1982</i>	14. Plaintiff's last month of exposure to the water at Camp Lejeune: <i>June 20, 1983</i>
15. Estimated total months of exposure: <i>12</i>	16. Plaintiff's status at the time(s) of exposure (please check all that apply): <input checked="" type="checkbox"/> Member of the Armed Services <input type="checkbox"/> Civilian (includes in utero exposure)
17. If you checked Civilian in Box 16, check all that describe the Plaintiff at the time(s) of exposure: <input type="checkbox"/> Civilian Military Dependent <input type="checkbox"/> Civilian Employee of Private Company <input type="checkbox"/> Civil Service Employee <input type="checkbox"/> In Utero/Not Yet Born <input checked="" type="checkbox"/> Other	18. Did Plaintiff at any time live or work in any of the following areas? Check all that apply. <input type="checkbox"/> Berkeley Manor <input type="checkbox"/> Hadnot Point <input type="checkbox"/> Hospital Point <input type="checkbox"/> Knox Trailer Park <input type="checkbox"/> Mainside Barracks <input type="checkbox"/> Midway Park <input type="checkbox"/> Paradise Point <input type="checkbox"/> Tarawa Terrace <input type="checkbox"/> None of the above <input checked="" type="checkbox"/> Unknown <i>New River Air Station men's barracks</i>

IV. INJURY INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

19. Identify the illnesses or conditions the Plaintiff suffered as a result of exposure to contaminated water at Camp Lejeune.

Injury	Approximate date of onset
<input type="checkbox"/> Adverse birth outcomes (Plaintiff is the PARENT of an individual who died in utero or was stillborn or born prematurely)	
<input type="checkbox"/> ALS (Lou Gehrig's Disease)	
<input type="checkbox"/> Aplastic anemia or myelodysplastic syndrome	
<input type="checkbox"/> Bile duct cancer	
<input type="checkbox"/> Bladder cancer	
<input type="checkbox"/> Brain / central nervous system cancer	
<input type="checkbox"/> Breast cancer	
<input type="checkbox"/> Cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Cervical cancer	
<input type="checkbox"/> Colorectal cancer	
<input type="checkbox"/> Esophageal cancer	
<input type="checkbox"/> Gallbladder cancer	
<input type="checkbox"/> Hepatic steatosis (Fatty Liver Disease)	
<input type="checkbox"/> Hypersensitivity skin disorder	
<input type="checkbox"/> Infertility	
<input type="checkbox"/> Intestinal cancer	
<input type="checkbox"/> Kidney cancer	
<input type="checkbox"/> Non-cancer kidney disease	
<input type="checkbox"/> Leukemia	
<input type="checkbox"/> Liver cancer	
<input type="checkbox"/> Lung cancer	
<input type="checkbox"/> Multiple myeloma	
<input checked="" type="checkbox"/> Neurobehavioral effects	PTSD, Anxiety, Confusion
<input type="checkbox"/> Non-cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Non-Hodgkin's Lymphoma	
<input type="checkbox"/> Ovarian cancer	
<input type="checkbox"/> Pancreatic cancer	
<input type="checkbox"/> Parkinson's disease	
<input type="checkbox"/> Prostate cancer	
<input type="checkbox"/> Sinus cancer	
<input type="checkbox"/> Soft tissue cancer	
<input type="checkbox"/> Systemic sclerosis / scleroderma	
<input type="checkbox"/> Thyroid cancer	

The Camp Lejeune Justice Act does not specify a list of covered conditions.

If the Plaintiff suffers or previously suffered from a condition not listed above, and the Plaintiff alleges that the condition was caused by exposure to the water at Camp Lejeune as required under the Act, please check "Other" and describe the condition on the following lines.

Note in particular that the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs (the "VA") has approved benefits in connection with Camp Lejeune for conditions beyond those listed above.

☐ Other:

PTSD, Confusion, Depression,
and Anxiety

Approximate date of onset

10-1-1982

V. REPRESENTATIVE INFORMATION

If you checked "To me" in Box 1, **SKIP THIS SECTION** and proceed to section VI. ("Exhaustion").

If you checked "Someone else" in Box 1, complete this section with information about YOU.

20. Representative First Name: <u>AlMEE</u>	21. Representative Middle Name: <u>NA</u>	22. Representative Last Name: <u>Wagstaff</u>	23. Representative Suffix: <u>Partner</u>
24. Residence City: <u>Denver</u>		25. Residence State: <u>Colorado</u> <input type="checkbox"/> Outside of the U.S. <u>CO</u>	
26. Representative Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other			
27. What is your familial relationship to the Plaintiff? <input type="checkbox"/> They are/were my spouse. <input type="checkbox"/> They are/were my parent. <input type="checkbox"/> They are/were my child. <input type="checkbox"/> They are/were my sibling. <input type="checkbox"/> Other familial relationship: They are/were my _____ <input checked="" type="checkbox"/> No familial relationship.			
28. Did the Plaintiff's death or injury cause the Plaintiff's spouse, children, or parents mental anguish, loss of financial support, loss of consortium, or any other economic or non-economic harm for which you intend to seek recovery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

VI. EXHAUSTION

29. On what date was the administrative claim for this Plaintiff filed with the Department of the Navy (DON)?

mm/dd/yyyy

07/07/2014

30. What is the DON Claim Number for the administrative claim?

☒ DON has not yet assigned a Claim Number

VII. CLAIM FOR RELIEF

Plaintiff respectfully requests that pursuant to subsection 804(b) of the CLJA the Court enter judgment against the Defendant and award damages and all other appropriate relief for the harm to Plaintiff that was caused by exposure to the water at Camp Lejeune.

VIII. JURY TRIAL DEMAND

Plaintiff demands a trial by jury of all issues so triable pursuant to Rule 38 of the Federal Rules of Civil Procedure and subsection 804(d) of the CLJA.

Dated: mm/dd/yyyy

10/04/2023

Carol L. Ay

[Signature block]



DEPARTMENT OF VETERANS AFFAIRS -
VARO-WINSTON-SALEM
251 N. MAIN STREET
WINSTON-SALEM, NC 27155

CARLOS A. ALFORD

VA File Number
217 84 2240

Represented by:
AMERICAN LEGION

Rating Decision
December 23, 2013

INTRODUCTION

The records reflect that you are a veteran of the Peacetime. You served in the Marine Corps from May 29, 1981 to June 29, 1984 and from May 29, 1985 to June 28, 1988. A special review of your file was mandated on December 20, 2013. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

The veteran was insane at the time in question.

EVIDENCE

- VA exam dated 01-20-12

DEPARTMENT OF VETERANS AFFAIRS

Winston-Salem Regional Office

251 North Main Street

Winston-Salem NC 27155



MAR 22 2014

CARLOS A ALFORD
1404-B HARBOUR DRIVE
WILMINGTON, NC 28401

In Reply Refer To: 318/213/caf
CSS 217 84 2240
ALFORD, Carlos A

Dear Mr. Alford:

We made a decision regarding your discharge from military service. Every effort was made to see that your claim received complete consideration.

This letter tells you what we decided, how we reached our decision and what evidence we used to reach our decision. We have also included information on what you can do if you don't agree with our decision, and who to contact if you have questions or need assistance.

What We Decided

You were insane at the time in question.

The discharge for the period May 29, 1981 to June 29, 1984 is determined to be honorable for VA purposes.

The discharge for the period May 29, 1985 to June 28, 1988 is determined to be dishonorable for VA purposes.

The claimant is entitled to health care benefits under Chapter 17, Title 38 USC, for any disability determined to be service connected for the period May 29, 1981 to June 29, 1984.

The claimant is not entitled to health care benefits under Chapter 17, Title 38 USC, for any disability determined to be service connected for the period May 29, 1985 to June 28, 1988.

How Did We Make Our Decision?

The evidence of record showed you enlisted in the Marines on May 29, 1981 and discharged under other than honorable conditions on June 29, 1984. The reenlistment in the Marines on May 29, 1985 was not a valid enlistment because it was under false pretenses.

The offenses in the first period of service resulted in an other than honorable discharge by reason of misconduct due to minor disciplinary infractions, per Board of Veteran's Appeals Remand dated September 1, 2011. The offenses in the second period of service are described as concealing the first period of service and discharge under other than honorable conditions

